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| SERIAL NUMBER 10/736,537 | FILING DATE 12/17/2003 RULE | CLASS 349 | GROUP ART UNIT 2871 | ATTORNEY DOCKET NO. 246019US2 CONT |
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APPLICANTS

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** CONTINUING DATA *****
 This application is a CON of 09/592,587 06/12/2000 PAT 6,690,442 *C*

** FOREIGN APPLICATIONS *****
 JAPAN 11-167872 06/15/1999 *U*
 JAPAN 11-266956 09/21/1999 *U*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/23/2004

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| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____ | STATE OR COUNTRY JAPAN | SHEETS DRAWING 5 | TOTAL CLAIMS 4 | INDEPENDENT CLAIMS 2 |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|----------------------|----------------------------|

ADDRESS
 22850
 OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.
 1940 DUKE STREET
 ALEXANDRIA, VA
 22314

TITLE
 Liquid crystal display device

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|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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